



COLLEGE *of*
FINE ARTS

School of Music

APPOINTMENT OF DOCTORAL COMMITTEE

Student Name

TCU ID Number

I request appointment of the following faculty members to serve on my

Doctoral (DMA) Committee:

Committee Chair & Major Professor's Name:

Signature of Committee Chair:

Co-Committee Chair or
Committee Member's Name:

Signature of Co-Committee Chair or
Committee Member:

Committee Member's Name:

Signature of Committee Member:

Committee Member's Name:

Signature of Committee Member:

Committee Member's Name
(outside the School of Music):

Signature of Committee Member:

Signature of Associate Director of Grad Studies: